

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000004790

Entity Name: THE HEALING CENTER OF MARTIN COUNTY, INC.

Current Principal Place of Business:

623 SE OCEAN BOULEVARD
STUART, FL 34994

Current Mailing Address:

623 SE OCEAN BOULEVARD
STUART, FL 34994 US

FEI Number: 82-2280467

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEPLEY, TARA
623 SE OCEAN BOULEVARD
STUART, FL 34994 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TARA SHEPLEY

04/07/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name KIMES, TIM
Address 623 SE OCEAN BLVD.
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name SHEPLEY, TARA
Address 623 SE OCEAN BLVD.
City-State-Zip: STUART FL 34994

Title SECRETARY
Name GILSON, JANE
Address 623 SE OCEAN BLVD.
City-State-Zip: STUART FL 34994

Title TREASURER
Name KEITH, DANIELLE
Address 623 SE OCEAN BLVD.
City-State-Zip: STUART FL 34994

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIELLE KEITH

TREASURER

04/07/2025

Electronic Signature of Signing Officer/Director Detail

Date